

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107069302

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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14		1				
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16	1					
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39			1			
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41				1		
42				1		
43				1		
44				1		
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52						
53						
54						
55						
56						
57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				3		
TOTAL DEP.				29		
TOTAL CLAIMS				32		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS